

Opening Address to the International Drug Policy Symposium

Associate Minister of Health Hon Peter Dunne

Te Papa, Wellington

Good morning. I would like to extend my thanks and congratulations to the hosts of this Symposium, the New Zealand Drug Foundation and the New Zealand Society on Alcohol and Drug Dependence for organising this event.

This symposium is indeed timely as it occurs shortly before a particularly significant high-level meeting of the United Nations Commission on Narcotic Drugs, which will meet next month to discuss progress made in meeting the targets set out in the 1998 declaration of the United Nations General Assembly Special Session.

New Zealand is one of over 180 members of the United Nations that are parties to the three United Nations Conventions, under which worldwide drug control is based.

As a signatory to the Conventions, New Zealand is an active member of the United Nations Commission on Narcotic Drugs and I will be representing this country at the high-level segment next month in Vienna, where the course for international drug control for the next ten years will be charted.

I expect that Member States will agree to a new Declaration acknowledging both the achievements over the last ten years in containing the drug problem worldwide, but also how far we still have to go to achieve our goals for eliminating or significantly reducing the manufacture, marketing and supply of illegal drugs.

Evidence indicates a balance is required between reducing the supply of drugs through interdiction and enforcement, and also reducing the demand for drugs through prevention and treatment strategies if we are to be effective in reducing the adverse health and social consequences of drug misuse.

New Zealand's National Drug Policy is the Government's overarching strategy to address the harms from drugs.

It aligns closely with the focus of the UN drug control organisations and recognises that no single approach or strategy can, on its own, address drug problems.

The goal of the National Drug Policy is to prevent and reduce the health, social and economic harms linked to tobacco, alcohol, illegal and other drug use.

Our policy is based on strong opposition to the misuse of drugs.

Put simply, prevention is always far better than cure, but our preventive approach needs to be supported by strategies and programmes to help those directly affected by drug addiction and to minimise as much as possible the personal, social and economic costs associated with drug use.

There are three broad pillars which underpin our approach:

- supply control – aimed at restricting the availability of drugs;
- demand reduction – aimed at reducing the desire to use drugs; and
- problem limitation – reducing the harm from existing drug use.

It may be a truism, but it bears repetition here and constantly: many New Zealanders and their families suffer from and often have their lives ruined by the misuse of drugs.

For example, we all know only too well of the scourge methamphetamine is causing to families and communities, up and down our country through the many P-fuelled murders and violent crimes that have occurred in recent times.

That level of social disruption is completely unacceptable, and we have to do all we can, across many disciplines, and using all of the border security, policing and general enforcement, health and social services agencies available to us to rid our country of this plague.

We know, too, of the widespread use of cannabis in our society, across many age and socio-economic groups, and the calls from a number of quarters for the law to take a softer approach to its use, because it is allegedly not as dangerous as other drugs.

Let me make it very clear this morning: relaxing the current laws on cannabis is not on this Government's agenda.

Too many mental health problems, respiratory diseases and health and social problems that we already have to deal with are associated with cannabis, and we do not accept the argument that softening the laws will somehow resolve these issues. It simply will not.

I note some recent reports that the rates of methamphetamine and cannabis use have levelled off.

These are encouraging, but I do not see them as a reason for complacency.

While the number of recreational users of methamphetamine might be dropping off, those who continue to use this drug are using more and suffering greater harm as a result.

This is one of the challenges for future drug policy and we will need to look at what the best intervention and treatment options are for those caught in the cycle of addiction.

In regard specifically to illegal drugs, New Zealand's legislation is the Misuse of Drugs Act 1975.

The purpose of this Act is to prevent the misuse of drugs, including restricting access to, and misuse of, potentially harmful medicines.

Under the Act, drugs are assessed by an expert committee to determine their level of harm and legislative classification.

Drugs considered to be of very high risk are classified as Class A; those considered to be of high risk are Class B; and those of moderate risk are Class C.

The penalties associated with importing, exporting, manufacture, supply and possession of drugs are matched according to their classification.

New Zealand has a separate classification and regulations for substances considered to have psychoactive properties, but representing a low risk of harm.

These can be legally supplied and used, but with restrictions around age, marketing and availability.

We believe this to be a potentially more effective approach to low risk substances rather than having them remain uncontrolled and unregulated.

However, it is also important that we acknowledge the significant level of harm caused by legal substances.

Indeed, alcohol and tobacco, on a population basis, are the two most harmful drugs in this country.

In particular, tobacco is New Zealand's most harmful drug and it is responsible for over 5000 deaths each year and around 90% of lung cancers.

Alcohol is also a significant preventable risk factor in the burden of disease for New Zealand.

While the vast majority of New Zealanders use alcohol responsibly as a social lubricant, there are still too many individuals, families and wider communities affected by alcohol-related disease, mental health problems, violence and crime, and road crashes.

Volatile substances, often referred to in New Zealand as solvents, are legal everyday household and industrial products and there are hundreds of products that fall into the category of 'volatile', meaning that chemical vapors can be inhaled to induce a psychoactive effect.

Users of volatile substances are predominantly young people and use is generally linked to those who are curious or experimenting.

However, such use can have tragic results and death is a significant risk.

In this regard, it is important that our legislation regarding the misuse of drugs is informed by expert evidence and draws on local and international best practice.

Therefore I am pleased that New Zealand's Sale of Liquor and Misuse of Drugs legislation are both under review.

These are 'first principles' reviews which provide an opportunity to reflect on the frameworks in place to control alcohol and illegal drug use. They take into account contemporary use patterns, societal attitudes, new evidence and consistency with other legislative frameworks – all with a view to preventing and reducing the harms from drugs now and into the future.

Therefore, an opportunity for further open discussion about both our achievements and our shortcomings and the sharing of experience and ideas with colleagues from other jurisdictions is pivotal to maintaining healthy drug policies and legislative frameworks.

I hope that the discussions you will have over the next two days will provide valuable insights at such an important time for international drug law.

Ross Bell, will be representing the NGO sector on the New Zealand delegation to the United Nations at the Commission next month and I am sure that he will be able to convey your conclusions from this Symposium to us when we meet in Vienna

Thank you again for the invitation to speak and a warm welcome to our international guests.

I trust you will make the most of this opportunity to learn from the extensive expertise around this room, while also enjoying this event and my home city of Wellington.

Hon Peter Dunne

Associate Minister of Health